



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCPO-NC

10 Mar 03

MEMORANDUM FOR Commanders, US Army Medical Command Major Subordinate Commands

SUBJECT: The US Army Heat Injury Prevention Program (HIPP)

1. References:

- a. Army Regulation 190-40, Serious Incident Reporting, 30 November 1993
- b. Technical Bulletin MED 507, Prevention, Training and Control of Heat Injury, 07 March 2003
- c. Field Manual 21-10, Field Hygiene and Sanitation, 21 June 2000
- d. Field Manual 21-1, Foot Marches, 1 June 1990
- e. Field Manual 21-20 w/change 1, Physical Fitness Training, 1 October 1998
- f. Field Manual 4-10.17, Preventive Medicine Services, 28 August 2002
- g. Field Manual 4-25.12 (21-10-1), Unit Field Sanitation Team, 25 January 2002
- h. Memorandum, Department of the Army, DASG-HSZ, 1 May 2000, subject: OTSG Policy on Medical Screening for Dietary Supplements
- i. Memorandum, Headquarters, US Army Medical Command, MCPO-NC, 12 September 2002, subject: Reporting Data on Use of Medication and Nutritional Supplements by Patients with Heat Injuries and Illnesses
- j. "Clinical Diagnosis, Management, and Surveillance of Exertional Heat Illness," John W. Gardner and John A. Kark, in *Deployment Health* (Textbook of Military Medicine Series), Washington, D.C.: the Borden Institute, 2001, pp. 231-279

2. The heat injury season is beginning. Each year heat injury and illness pose a significant threat to US Army soldiers. Heat casualties, both in garrison and in the many areas of operations where US soldiers are deployed, represent serious threats to successful mission completion. US Army soldiers are currently serving in some of the hottest areas of the world.

3. I am directing all MEDCOM assets to dedicate their professional skills and to focus their energies on the task of keeping US Army soldiers everywhere safe and healthy. Preventing unnecessary heat injury and illness requires knowing and putting optimum preventive measures into practice. I am further directing you now to begin proactive collaboration with the units you support and to schedule timely interaction with unit leaders and cadre in order to implement the 2003 HIPP as early as possible during this month of March.

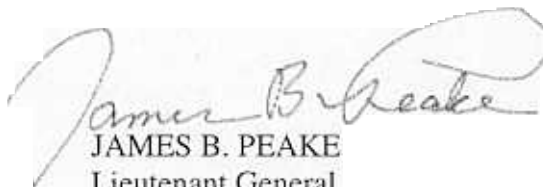
4. The 2002 HIPP was a successful and event-filled evolution. I thank you for your support and professionalism. The MEDCOM improved heat injury prevention, surveillance, and introduced some new references (See above). The US Army Center for Health Promotion and Preventive Medicine (USACHPPM) produced new training guides and training aids as well as an updated website based on feedback from the field: <http://chppm-www.apgea.army.mil/heat/>.

5. A new training video, *Heat Injury Risk Management*, suitable for all levels of providers as well as for line and cadre, is available by contacting the POC listed below. This excellent training tool is the product of MEDCOM heat injury prevention and treatment expertise at Ft Benning and the collaboration of the Army Safety Center and the Office of the Surgeon General. This video should be shown to as many soldiers as possible in the next few weeks. I encourage MEDCOM personnel to bring this video to the attention of line and cadre and to be present at these training sessions to answer soldiers' questions.

6. MEDCOM assets are well-equipped to support the 2003 HIPP: doctrine has been updated, new product lines have been developed, and professional resources and information are readily available on-line and by telephone. US Army soldiers are depending on us all for medical leadership, expertise, and dedication to the mission. I direct the MEDCOM to be constant and resolute in conserving the fighting strength!

7. Point of contact is: COL Regina Curtis, Preventive Medicine Staff Officer, Proponency Office for Preventive Medicine, Office of the Surgeon General, DSN 761-3017, Commercial (703) 681-3017; e-mail: Regina.Curtis@otsg.amedd.army.mil.

8. Force health protection and the safety of every US Army soldier is the mission of the US Army MEDCOM. Your dedication to this mission is essential.



JAMES B. PEAKE
Lieutenant General
Commanding

CF:

HQDA (DASG-PPM-NC), 5109 Leesburg Pike, Falls Church, VA 22041-3258

TRADOC (ATMD), 1 Fenwick Road, Fort Monroe, VA 23651-5000

FORSCOM (FCMD), 1777 Hardee Ave, S.W., Fort McPherson, GA 30330-1062

AMC (AMCSG), 5001 Eisenhower Avenue, Alexandria, VA 22333

ATEC, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22301-1458

ARCENT (AFRD-MD), 1881 Hardee Avenue, S.W., Fort McPherson, GA 30330

USARSO (SOMD), Bldg 1314, Fort Buchanan, PR 00934-3400

USASOC (AOMD), Fort Bragg, NC 28307-5200

USARC (AFRC-MD), 1401 Deshler St, S.W., Fort McPherson, GA 30330-2000

NGB (NGB-ARS), 111 South George Mason Drive, Arlington, VA 22204-1382